

## **Canine & Feline Behaviour Association**

The CFBA is approved by pet insurance companies that cover behaviour

Veterinary feline beha Please complete and s	viour referral form send to CFBA practitioner	
Vet's name:		
Veterinary practice na	me	
Tel number :	E Mail:	
Cat Practitioner's Nam	ne	

## Cat Owner's details

Name

Address

**Tel number** 

Cat's details				
Gender M	/ F	Neutered Y	es / No	Pet Insured Yes / No
Breed				Age
Relevant Me condition	edical ►	Yes / No		Contact Vet: Yes / No
Behaviour p	roblem prese	nted –	please tio	k below if relevant
AGGRESSION TO OTHER CATS		AGGRESSION TO PEOPLE		
AGGRESSIO	N TO DOGS		SPRAYIN	G
NERVOUSNESS / FEAR / STRESS		LITTER BOX ISSUES		
BRINGING HOME DEAD PREY		CAR SICKNESS / TRAVEL		
KITTEN BEHAVIOUR PROBLEMS		INTRODUCING A NEW CAT		
NEW BABY INTRODUCTION		INTRODUCING NEW DOG		
INDOOR PLANT DIGGING		CAT'S MIND AND BEHAVIOUR		
EXCESSIVE VOCALISATION BEHAVIOUR OTHER WRITE BELOW		MIDDENING		





PET EDUCATION TRAINING & BEHAVIOUR COUNCIL www.petbc.org.uk

Veterinary Referral form

Please send to CFBA Practitioner